



BLUE RIDGE

WOMEN'S CENTER, PA

NOTICE OF PRIVACY PRACTICES

- **This notice describes how medical your medical information may be used and disclosed. It further details how you can get access to this information. PLEASE review it carefully.** The notice is provided in two pieces. The tri-fold brochure summarizes how we will handle your health information. This notice provides you details regarding our privacy policies and procedures.
- I. **How we may use and disclose your health information.** We use your health information for treatment, to get reimbursed for treatment, for administrative reasons, and to assess the quality of care that you receive. Examples of how we may use your health information are: sharing treatment history with a provider to whom you are being referred; documenting procedures performed to insurance carriers for payment; etc. Information may be disclosed via paper, electronic mail, fax or other means. If you sign an authorization to release your information now, please know that you can later change your decision by notifying us in writing.
- II. **Your rights.** You have the right to review and obtain copies of your health information that we use to make decisions regarding your health. Furthermore, you have the right to request a list of particular types of disclosures that we have made with your health information. If you think we have incorrect or incomplete health information on you, you should request we correct our current information and add any information you desire.
- III. **Our legal duty.** We are required under the Health Information Portability and Accountability Act (HIPAA) to protect your health information and provide you this notice about our privacy procedures. We must follow the procedures that are described in our notices and request your acknowledgement of receipt of this notice. Please be aware that we may change our procedures from time to time. If we make a major change in our privacy procedures, a new notice will be posted near our Check-in Area for your viewing. You are welcome to request a copy of the current privacy policy and procedures at anytime. For detail information regarding our privacy policy, please contact the Practice Manager listed below.
- IV. **Privacy complaints.** If you are feel that we have violated your privacy rights, our privacy policies & procedures, or you disagree with a decision regarding accessing your health information, please contact the Practice Manager. You also may send a written complaint to the U.S. Department of Health and Human Services. The Practice Manager can provide you with the address upon your request.

If you have any questions or complaints, please address them with: Kelly Goble, Practice Manager 336-835-5945 x 225.

Acknowledgement of receipt of Privacy Procedures. Please print your name, sign, and date below to acknowledge that you have received the "Notice of Privacy Policies and Procedures of Blue Ridge Women's Center, P.A." Please detach this acknowledgement and return it to the receptionist.

Name (*Print*): _____

Signature: _____

Date: _____